## **Supplemental Application Data Sheet**

Application Information	
Application number::	10/544093
Filing Date::	August 1, 200508/01/05
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Active Immunization to Generate Antibodies to
·	Soluble A-Beta
Attorney Docket Number::	15270J <u>C</u> -009820US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	•
Secrecy Order in Parent Appl.::	No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ted

Middle Name::

Family Name:: Yednock

Name Suffix::

City of Residence:: Forest Knolls

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 184 Arroyo Road

City of Mailing Address:: Forest Knolls

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94933

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Nicki

Middle Name::

Family Name:: Vasquez

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 310 Sanchez Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94114

Applicant Authority Type::

Inventor

Primary Citizenship Country::

FR

Status::

Full Capacity

Given Name::

Frederique

Middle Name::

Family Name::

Bard

Name Suffix::

City of Residence::

**Pacifica** 

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1111 Park Pacifica Avenue

City of Mailing Address::

Pacifica

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94044

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Peter

Middle Name::

Α.

Family Name::

Seubert

Name Suffix::

City of Residence::

South San Francisco

State or Province of Residence::

CA

Country of Residence::

US

CA

Street of Mailing Address::

222 Northwood Drive

City of Mailing Address::

South San Francisco

State or Province of mailing address::

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94080

**Correspondence Information** 

Correspondence Customer Number::

20350

Representative Information

Representative Customer Number::

20350

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

National Stage of

PCT/US2004/02865 60/444,150

01/31/2004

PCT/US2004/02865

Application claiming benefit under 35 USC

02/01200302/01/2003

119(e)

**Foreign Priority Information** 

Country::

Application number::

Filing Date::

**Assignee Information** 

Assignee Name::

Janssen Alzheimer Immunotherapy

Street of mailing address::

Little Island Industrial Estate

City of mailing address::

Little Island

State or Province of mailing address::

**County Cork** 

Country of mailing address::

ΙE

Postal or Zip Code of mailing address::

Assignee Name::

Wyeth

Street of mailing address::

Five Giralda Farms

City of mailing address::

Madison

State or Province of mailing address::

New Jersey

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Postal or Zip Code of mailing address:: 07940	
Submitted by: Signature  Signature	
Signature Assured. Ulli	Date ////6/09

<u>US</u>

Country of mailing address::

Printed Name \_\_\_\_\_ Rosemarie L. Celli Registration Number \_\_\_\_ 42,397